

# **Sexual Assault Response Coordinator (SARC) Conference 2006**

Achieving Success—Commitment into Action

S A P R O

Sexual Assault Prevention & Response Office



## **Special Considerations in Interventions with Sexual Assault Victims**

Terri Spahr Nelson, MSSW, ACSW



# **Special Considerations\_\_\_\_\_** **with Sexual Assault** **Victims**

***"The core experiences of trauma are disempowerment and disconnection from others.***

***Recovery, therefore, is based on the empowerment of the survivor (regaining control) and the creation of new connections."***

**-Judith Herman (Trauma & Recovery, 1992)**



# **Special Considerations\_\_\_\_\_** **with Sexual Assault** **Victims**

- 1) Counter-intuitive responses of victims
- 2) Collateral misconduct
- 3) Victim's prior (or existing) relationship with the accused
- 4) Victim provides misinformation/recants
- 5) Suicidal ideations (or other mental health concerns)



## **Counterintuitive Responses**

***A victim's actions or inactions during or after a sexual assault which might seem illogical, irrational, inconsistent or do not make sense to others.***



# Counterintuitive Responses

## Examples:

- Delayed reporting (for days, weeks...)
- Victim's confusing behavior/actions:
  - » did not physically resist
  - » did not say "No"
  - » showers/destroys evidence
  - » kisses accused after assault
  - » continues relationship w/him



# **Counterintuitive Responses**

## **Examples:**

- Minimizes event or injuries to protect the accused
- Uncooperative w/police
- Atypical demeanor at trial or after incident (making jokes, laughing)
- Recanting report within 2-3 days (denying it happened)





## **Counterintuitive Responses** **Potential Problems**

- Not what the average person (juror) 'expects'
- Does not act like a 'victim'
- Can raise doubts re: credibility of the victim
- Can raise questions re: validity of sexual assault report



## **Counterintuitive Responses** **Delayed Reporting**

- The majority of sexual assaults are NOT reported
- Not uncommon for victims to delay Some victims wait days or weeks
- Some only report due to pressure from family or friends





## **Reasons for Delayed Reporting**

- Victim's word vs. accused—no witnesses
- Self-blame or guilt (would have done something differently...)
- Collateral misconduct—fear potential repercussions
- Personal nature of the victimization (embarrassing)
- Mistrust of the system to protect them



## **Reasons for Delayed Reporting**

- Uncertain about what happened (black out, denial)
- Prior relationship w/offender
- Acute stress disorder/PTSD (efforts to avoid the trauma)
- Want to 'get on with their lives'
- Don't think it will make a difference



## **Intervention Tips**

- Avoid judging victim's behaviors
- Validate victim's responses ('normal in crisis situation')
- Indicate that other victims have similar responses/reactions
- Help others to understand the reasons for delayed reporting
- Educate commanders and providers re: counter-intuitive responses



## Collateral Misconduct

In brief:

*Victim engaged in conduct that was a violation of the UCMJ prior, during or after the sexual assault.*



## **Collateral Misconduct:** **Examples**

- Underage drinking
- Fraternization
- Adultery
- Curfew violation
- Other activities non-compliant w/UCMJ



## **Collateral Misconduct**

- The activity is violation of UCMJ
- Potential implications/disciplinary action for the misconduct
- Barrier to reporting rape (to avoid disciplinary action)
- Potential for: victim-blaming by others; feelings of guilt by victim





# **Collateral Misconduct: DoD Policy**

## **Unit Commanders:**

- Have authority re: disposition of case
- Can defer disciplinary actions
- Should consider encourage reporting
- Should avoid actions that further traumatize the victim

Source: *Collateral Misconduct in Sexual Assault Cases*  
(JTF-SAPR-001)



## **Collateral Misconduct: Alcohol or Drug Use**

- Majority sexual assaults involve alcohol or other drugs
- In most cases, victim willingly consumed the alcohol or drug
- Problematic if underage drinking or excessive use
- Victim is not to blame if raped while under influence



# **Collateral Misconduct: Alcohol or Drug Use**

## **Black Outs:**

- Inability to give/deny consent
- Cannot recall all details, may be gaps in the report
- Memory loss rarely regained
- Additional trauma for victim (not knowing what happened)



## **Collateral Misconduct: Alcohol and S.A. Study**

- 8,500 college women
- Appr. 1 in 20 reported being sexually assaulted
- 75 percent indicated they were intoxicated during s.a.

Source: Harvard School of Public Health College Alcohol Survey, 2004



# **Collateral Misconduct:** **DFSA**

- Involuntary (unknown) ingestion of D/A
- Given to subdue intended victim
- Can be unconscious in 20 minutes
- Causes passivity, muscle relaxation
- Results in full or partial memory loss



## **Collateral Misconduct: Victim Concerns/Fears**

- Disciplinary action
- Exposure, embarrassment, shame
- Loss of respect and credibility
- Military discharge, loss of career
- Psychiatric or drug treatment
- Other career implications (e.g., loss of security clearance)
- Potential loss of relationships (divorce, colleagues...)





## **Intervention Tips**

- Listen to victim's concerns about reporting the sexual assault
- Remind victim of DoD collateral misconduct policy/reporting options
- Encourage victim to seek treatment w/restricted report (if concerned)
- Be aware of Commander's responses to collateral misconduct
- Educate Commanders and other providers re: DoD policy



## **Victim's Prior (or existing) Relationship w/Accused**

- Over 75% of sexual assaults are committed by someone the victim knows
- This can have a significant effect on the case and victim's recovery



## **Victim's Prior Relationship w/Accused: World**

- **View/Beliefs**  
*No one could do this to someone they know.*
- *Victim must have done something to deserve it.*
- *If they had sex before, why would he rape her?*
- *Victim must have provoked it.*



## Victim's Relationship w/Accused:

• Betrayed, loss of trust--  
Victim's Issues/Concerns  
*How could he do this to me?*

- Ambivalence--

*I don't want to get him in trouble*

- Concerns about mutual friends--

*Will they believe him or me?*

- Concerns about workplace--

*He/she is my supervisor.*

- Family or cultural pressures--

*My family loves (hates) him.*



## Victim's Relationship w/Accused:

Still has feelings for offender  
**Domestic Violence History**

*But I love him...*

- Believes offender/abuse will stop
- Socially/financially connected (marriage, children)
- Fears more harm to self or children
- Battered Woman's Syndrome
- *Telling will only make it worse*



## **Intervention Tips**

- Validate victim's ambivalent feelings
- Remind victims: It was NOT their fault
- Provide information re: reporting and treatment options
- Allow victims to make their own decisions about what to do
- Remember, testifying against the offender could be very difficult for victim





## **Victim Provides Misinformation or Recants Report**

- Victims might give inconsistent, untrue, or embellished information.
- This is not always a deliberate false allegation.



## **Misinformation or Recanting**

- Victims might change their mind re: criminal justice process
- Usually happens within 2-3 days of the report
- Victim might deny it happened
- Does not mean the sexual assault did not occur



# Misinformation and Recanting:

Reasons for recanting (true report)  
(shame, embarrassment, repression)

- Alcohol or drugs (memory gaps)
- Embarrassed of telling the sexually-explicit details
- Collateral misconduct
- Fear of not being believed



# Misinformation and Recanting:

## Reasons for recanting true report

~~Does not want to testify~~  
~~Pressured by others to report~~

- Self-Blame or guilt
- Desire to 'get on with their life'
- Fear of repercussions, fear, threats
- Protecting offender (does not want to get him/her in trouble)



## **Misinformation: False Reports**

Important note:

*It is more likely that a sexual assault victim will NEVER report the crime to law enforcement (only 10-17% do) than for someone to make a false report.*



## **Misinformation: False** **Reports**

- An individual reports an incident as a sexual assault when in fact, no sexual assault occurred  
OR...
- The sexual assault did not occur exactly as it was reported.





## **Intervention Tips**

- Develop rapport with victim to establish trusting foundation
- Review parameters of restricted vs. unrestricted reporting
- Validate victim's concerns and ambivalence about reporting
- Answer victims' questions directly and honestly



**Suicidal Ideations and \_\_\_\_\_**  
**Other Mental \_\_\_\_\_**  
**Health Concerns** *A third of*  
*victims experience*  
*depression, PTSD (post*  
*traumatic stress disorder)*  
*or self-destructive*  
*behaviors.*



# **Suicidal Ideations and \_\_\_\_\_ Other Mental**

Warning signs to get further help:  
**Health Concerns**

- Depression that has not gone away
- Suicidal thoughts or plans
- Serious thoughts or a plan to hurt/kill someone
- Self injury or self mutilation
- Symptoms of PTSD



## **Suicidal Ideations and \_\_\_\_\_ Suicidal Thoughts. **Other Mental** Health Concerns**

*Rape victims are 13 times more likely to attempt suicide compared to the general population.*



# **Suicidal Ideations and Other Mental Health Intervention:**

**Concerns** talking seriously about  
death/suicide

- Increasing isolation from friends
- Giving away possessions
- Dramatic changes at work
- Prolonged depression
- Impulsive, risk-taking behaviors



# **Suicidal Ideations and Other Mental Health Concerns**

Important points:

- Take all thoughts/discussions of self harm and suicide seriously
- **Confidentiality does not apply**
- Know your limits and seek additional assistance or support
- Refer to mental health professional



## **Intervention tips**

- Integrate good professional ethics
- Maintain healthy boundaries
- Utilize sound practice strategies
- Practice within your expertise  
and REFER out if warranted
- Respond to the warning signs





## **Special Considerations:** **Summary**

- Many factors affect victim reports
- Recanting or providing misinformation does not = false report
- Some extenuating factors include:
  - collateral misconduct
  - alcohol or drug use
  - victim's prior relationship w/offender
  - suicidal ideations/other mental health issues
- Refer victims for appropriate mental health care as indicated



## Special Considerations: Summary

When responding to victims:

*Treat all sexual assault victims the way you would want your loved one to be treated if it happened to them—with respect, compassion and dignity.*



## **Presenter's Contact Information**

33 West Walnut Street

Oxford OH 45056

(513) 523-0197

tsnelson01@yahoo.com

www.tsnelson.com